

**CSPD**  
**Grant Application Form**  
**Cover Page**

<b>Plan submitted by [list all applicable school(s), districts(s), or agencies]:</b>	
<b>Contact Person ) list main contact person for correspondence between district/agency and grant committee):</b>	
<b>Name:</b>	
<b>School/Agency:</b>	
<b>Street Address:</b>	
<b>City, State, &amp; Zip</b>	
<b>Work Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>This section for Office use only</b>	
<b>Date plan submitted:</b>	<b>Plan approved by:</b>
<b>Date plan approved:</b>	

## **CSPD**

### **Grant Application Form**

**Activities planned (please check all that apply):**

- ☐ **Conference**
- ☐ **Workshop(s)**
- ☐ **Coaching/Collaboration**
- ☐ **Other (specify)**

**Statement of Need (10 points)** Describe the need of educators in regards to implementation of strategies both instructional and intervention to help improve the literacy/language outcomes of at risk students, **including students with disabilities**. Plan must include both teacher and student objectives.

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### **Pg 2**

**Describe your activities, goals and expected outcomes (20 points)** Describe the activities, how they support in meeting goals, expected outcomes and school/district comprehensive Professional Development Plan as required by No Child Left Behind. **Identify** SPP/APR indicator number which these activities will support. **STUDENT BASELINE DATA is required in this section.**

**Describe research to support activities and materials. (citations only are required not complete document of research) Materials must be from USOE Recommended list. (10 points)**

**Describe how activities support Utah's 3 Tier Model of Reading Instruction (RTI) (10 points)**

## **Sustainability plan**

<b>Activities</b>	<b>Amount of grant funding requested</b>	<b>In-kind match and source</b>
	<b>Total</b>	<b>Total</b>

**CSPD**  
**Grant Application From**  
**Assurances**

<b>The following persons have read and support this application.</b>	
<b>* Superintendent</b>	<b>** School Title I Coordinator(if Title 1 school)</b>
<b>* District Special Education Director</b>	<b>** School ALS Coordinator(if applicable)</b>
<b>* District Curriculum Director</b>	<b>** University/IHE partner</b>
<b>* District Staff Development Director</b>	<b>* School Principal</b>
<b>* Required. Proposal will not be read if missing</b>	<b>** If applicable to your school/LEA</b>